

09/826,166

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

2311010

SERIAL NO.  
09826166  
APPLICANT(S)

FILING DATE

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1	1
2	1	1	1	1	1
3	2	2	2	2	2
4	2	cancel	cancel	cancel	cancel
5	2	cancel	cancel	cancel	cancel
6	2	2	2	2	2
7	2	2	2	2	2
8	2	2	2	2	2
9	2	cancel	cancel	cancel	cancel
10	2	2	2	2	2
11	2	2	2	2	2
12	1	1	1	1	1
13	1	1	1	1	1
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TOTAL IND.	4	4	4	4	4
TOTAL DEP.	18	12	12	12	12
TOTAL CLAIMS	22	16	16	16	16

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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

Best Available Copy

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